

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Catherine Figueroa

Petition No. 2002-0927-000-081

**PRELICENSURE CONSENT ORDER**

WHEREAS, Catherine Figueroa of Groton (hereinafter "respondent") has applied for licensure to practice as a practical nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of practical nursing under the General Statutes of Connecticut, Chapter 378.
2. In August 1999, while employed at the Cherry Hill Manor Nursing Home in Rhode Island, respondent administered morphine to a patient in place of the heparin prescribed by the patient's physician. Upon recognition of her error, respondent did not immediately report the incident to her supervisor, nor did she administer the required heparin. She monitored the patient while disposing of the remaining morphine in an attempt to cover her error. Respondent did not report the matter to her supervisor until two days later.
3. Following the above incident, respondent was terminated from her position and convicted of Patient Neglect in Rhode Island Superior Court. She was sentenced to one (1) year of unsupervised probation and forfeiture of her nursing license. On April 10, 2000, respondent voluntarily surrendered her Rhode Island nursing license.
4. On July 10, 2002, respondent's Rhode Island nursing license was reinstated and placed on probation for two years.

5. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a practical nurse as set forth in Chapter 378 of the General Statutes of Connecticut, respondent's license to practice will be issued.
3. Respondent's license to practice as a practical nurse in the State of Connecticut shall, immediately upon issuance, be placed on probation for two (2) years under the following terms and conditions:
  - a. Respondent shall provide her employer at each place where she practices as a licensed practical nurse throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer on a quarterly basis during the entire probationary period, stating that respondent is practicing with reasonable skill and safety.
  - b. During the period of probation, respondent shall not be employed by a home health care agency or assisted living services agency, nor shall she engage in independent practice of any kind.
  - c. In the event that respondent is not employed as a practical nurse for periods of thirty (30) consecutive days or longer, or is employed as a practical nurse less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such period of time shall not be counted in reducing the probationary period covered by this Prelicensure Consent Order.

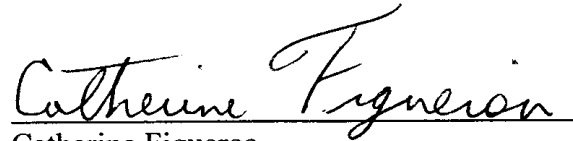
4. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's practical nurse license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
8. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.


10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-99 of the Connecticut General Statutes, as amended, is at issue.
11. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent understands this Prelicensure Consent Order is a matter of public record.
15. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Catherine Figueroa, have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

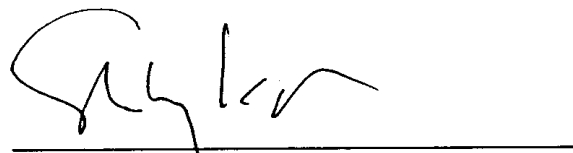
  
Catherine Figueroa

Subscribed and sworn to before me this 2nd day of October 2002.

PAULET A. C. WUNDER  
NOTARY PUBLIC  
MY COMMISSION EXPIRES SEP. 30, 2003

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 7<sup>th</sup> day of October 2002, it is hereby ordered and accepted.

  
Stanley K. Peck, Director  
Legal Office

Petition No. 2002-0927-000-081  
jc



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 7, 2004

Catherine Figueroa, LPN  
223 Third Ave  
Cranston, RI 02910

Re: Prelicensure Consent Order  
Petition No. 2002-0927-000-081  
Licensure No. 029530  
[REDACTED]

Dear Figueroa:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective October 7, 2004.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Prelicensure Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin

Division of Health Systems Regulation

c: ✓ Jennifer Filippone  
Janice Wojick



Phone: (860) 509-7400  
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